PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Certificate of Mailing or Transmission

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Vicki Chia	(Depositor's name)
/Vicki Chia/	(Signature)
July 8, 2011	(Daie)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/741,827	12/19/2003	Robert N. Phelps			2003P14534US	6172			
TITLE OF INVENTION:	PROBE BASED DIGITIZING OR COMPRESSION SYSTEM AND METHOD FOR MEDICAL ULTRASOUND								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1510		\$300	\$1810	07/14/2011			
EXAMINER		ART UNIT		CLASS-SUBCLASS					
LAMPRECHT, JOEL		3737			 1/2011 MBLANCO1 000000	192179	10741827		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page-dist 591 (1) the names of up to 3 registered patent aromeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Unless	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee	data will app	ear on the patent. If an assis	gnee is identified below, the	document has b	een filed for		
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Siemens Medica	al Solutions USA, Inc.		Malvem, l	PA					
Please check the appropriate	e assignce category or catego	ories (will not be pr	inted on the p	patent): 🗖 Individual 🕱	Corporation or other private g	roup entity 🔲	Government		
4a. The following fee(s) are	enclosed:	4t	. Payment of	Fee(s):					
			Λ check in the amount of the fee(s) is enclosed.						
Publication Fee (No s	Publication Fee (No small entity discount permitted)				ayment by credit card. Form PTO-2038 is attached.				

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Deposit Account Number 19-2179

Authorized Signature

/Jenny G. Ko/

Date 07/06/11

Typed or printed name Jenny G. Ko

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5. Change in Entity Status (from status indicated above)

Registration No. 44,190

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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